

11-24-04

Express Mail Label No. EL946870855US

16518

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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Attorney Docket Number  
STK-066C2 (7557/36)

In re Application of Khouri et al.

Application Serial No. 10/083,825

Filed: February 27, 2002

Group Art Unit: 1651

Examiner: David M. Naff

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.

The requested extension and appropriate non-small-entity fee are as follows  
(check time period desired)

|                                     |                                  |           |
|-------------------------------------|----------------------------------|-----------|
| <input type="checkbox"/>            | One month (37 CFR 1.17(a)(1))    | \$        |
| <input type="checkbox"/>            | Two months (37 CFR 1.17(a)(2))   | \$        |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ 980.00 |
| <input type="checkbox"/>            | Four months (37 CFR 1.17(a)(4))  | \$        |
| <input type="checkbox"/>            | Five months (37 CFR 1.17(a)(5))  | \$        |

☐ Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$\_\_\_\_\_.

☒ A check in the amount of the fee is enclosed.

☐ The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.

☒ Return receipt postcard enclosed.

I am the ☐ assignee of record of the entire interest.  
☐ applicant.  
☒ attorney or agent of record.  
☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_.

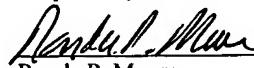
## CORRESPONDENCE ADDRESS

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Date: November 23, 2004  
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Respectfully submitted,

  
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Express Mail Label No. EL946870855US

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|                           |                     |
|---------------------------|---------------------|
| Application Serial Number | 10/083,825          |
| Filing Date               | February 27, 2002   |
| First Named Inventor      | Khoury et al.       |
| Group Art Unit            | 1651                |
| Examiner Name             | David M. Naff       |
| Attorney Docket No.       | STK-066C2 (7557/36) |
| Patent No.                | Not applicable      |
| Issue Date                | Not applicable      |

## ENCLOSURES (check all that apply)

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]<br><br><input checked="" type="checkbox"/> Petition for Extension of Time<br><br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application<br><br><input type="checkbox"/> Formal Drawing(s)<br><br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><br><input type="checkbox"/> Small Entity Statement<br><br><input type="checkbox"/> CD(s) for large table or computer program<br><br><input type="checkbox"/> Amendment After Allowance<br><br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><br><input type="checkbox"/> Appeal Brief (in triplicate)<br><br><input type="checkbox"/> Status Inquiry<br><br><input checked="" type="checkbox"/> Return Receipt Postcard<br><br><input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><br><input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|---|--|


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Respectfully submitted,

Date: November 23, 2004  
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Tel. No.: (617) 248-7044  
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Ronda P. Moore  
Atty/Agent for Applicant(s)  
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**TRANSMITTAL**  
FY 2005

Complete if Known

|                           |                   |
|---------------------------|-------------------|
| Application Serial Number | 10/083,825        |
| Filing Date               | February 27, 2002 |
| First Named Inventor      | Khoury et al.     |
| Group Art Unit            | 1651              |
| Examiner Name             | David M. Naff     |
| Attorney Docket No.       | STK-066C2         |

| METHOD OF PAYMENT   |                                 |  |              | FEE CALCULATION (continued)  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
|---|---------------------------------|--|--------------|--|--|-------------|--|-----------------------|-----------------------|-----------------|----------|-----|----|-------------------------------------|--|----|----|--|--|-----|-----|---------------------------|--|-------|-------|------------------------------------|--|-----|----|--|--|-----|-----|---|--|-----|-----|--|--------|------|-----|---|--|------|------|--|--|-----|-----|------------------|--|-----|-----|--|--|-----|-----|--------------------------|--|-----|-----|-------------------------------|--|-----|-----|--|--|-----|-----|---|--|-----|-----|--|--|-----|-----|---|--|-----|----|-----------------------------------|--|---------------------|--|--|--|---------------------|--|--|--|
| 1. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |                                 |  |              | 3. ADDITIONAL FEES   |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.<br><input type="checkbox"/> Required Fees (copy of this sheet enclosed).<br><input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br><input checked="" type="checkbox"/> Overpayment Credit. |                                 |  |              | <table border="1" style="width:100%"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>430</td><td>215</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>980</td><td>490</td><td>Extension for reply within third month</td><td>980.00</td></tr> <tr><td>1530</td><td>765</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>2080</td><td>1040</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>340</td><td>170</td><td>Notice of Appeal</td><td></td></tr> <tr><td>340</td><td>170</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>340</td><td>170</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>790</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>790</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> <tr><td>110</td><td>55</td><td>Submission of Terminal Disclaimer</td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td></td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td></td><td></td></tr> </tbody> </table> |  |             |  | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 130 | 65 | Surcharge - late filing fee or oath |  | 50 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 130 | 130 | Non-English specification |  | 2,520 | 2,520 | Request for ex parte reexamination |  | 110 | 55 | Extension for reply within first month |  | 430 | 215 | Extension for reply within second month |  | 980 | 490 | Extension for reply within third month | 980.00 | 1530 | 765 | Extension for reply within fourth month |  | 2080 | 1040 | Extension for reply within fifth month |  | 340 | 170 | Notice of Appeal |  | 340 | 170 | Filing a brief in support of an appeal |  | 340 | 170 | Request for oral hearing |  | 130 | 130 | Petitions to the Commissioner |  | 180 | 180 | Submission of Information Disclosure Statement |  | 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 100 | 100 | Certificate of Correction for applicant's error |  | 110 | 55 | Submission of Terminal Disclaimer |  | Other fee (Specify) |  |  |  | Other fee (Specify) |  |  |  |
| Large Entity Fee (\$)   | Small Entity Fee (\$)           | Fee Description  | Fee Paid     |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 130   | 65                              | Surcharge - late filing fee or oath                            |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 50  | 25                              | Surcharge - late provisional filing fee or cover sheet         |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 130   | 130                             | Non-English specification                                      |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 2,520   | 2,520                           | Request for ex parte reexamination                             |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 110   | 55                              | Extension for reply within first month                         |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 430   | 215                             | Extension for reply within second month                        |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 980   | 490                             | Extension for reply within third month                         | 980.00       |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 1530  | 765                             | Extension for reply within fourth month                        |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 2080  | 1040                            | Extension for reply within fifth month                         |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 340   | 170                             | Notice of Appeal   |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 340   | 170                             | Filing a brief in support of an appeal                         |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 340   | 170                             | Request for oral hearing                                       |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 130   | 130                             | Petitions to the Commissioner                                  |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 180   | 180                             | Submission of Information Disclosure Statement                 |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 790   | 395                             | Filing a submission after final rejection (37 CFR 1.129(a))    |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 790   | 395                             | For each additional invention to be examined (37 CFR 1.129(b)) |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 100   | 100                             | Certificate of Correction for applicant's error                |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 110   | 55                              | Submission of Terminal Disclaimer                              |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Other fee (Specify)   |                                 |  |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Other fee (Specify)   |                                 |  |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 3. <input type="checkbox"/> Applicant claims small entity status.   |                                 |  |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| FEE CALCULATION   |                                 |  |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 1. FILING FEE   |                                 |  |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Large Entity Fee (\$)   | Fee Description                 | Fee Paid   |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 790   | Utility filing fee              |  |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 350   | Design filing fee               |  |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 160   | Provisional filing fee          |  |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
|   | Number Filed                    | Number Extra   | Rate         | Amount   |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Total Claims  | - 20 =                          |  | x \$ 18.00 = |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Independent Claims  | - 3 =                           |  | x \$ 88.00 = |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any  |                                 |  | \$300.00 =   |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| TOTAL:  |                                 |  |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| SMALL ENTITY DISCOUNT:  |                                 |  |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| SUBTOTAL (1)  |                                 | (\$)   |              | 00.00  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 2. AMENDMENT CLAIM FEES   |                                 |  |              |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Claims Remaining After Amend.   | Highest No. Previously Paid For | Present Extra  | Rate         | Fee Paid   |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Total   | -                               | =  | x \$ 18.00 = |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Indep.  | -                               | =  | x \$ 88.00 = |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim  |                                 |  | + \$300.00 = |  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| TOTAL:  |                                 |  |              | (\$)   |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| SMALL ENTITY DISCOUNT:  |                                 |  |              | (\$)   |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| SUBTOTAL (2)  |                                 |  |              | (\$)00.00  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
|   |                                 |  |              | SUBTOTAL (3)   |  | (\$) 980.00 |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
|   |                                 |  |              | SUBTOTAL (1)   |  | 00.00       |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
|   |                                 |  |              | SUBTOTAL (2)   |  | 00.00       |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
|   |                                 |  |              | SUBTOTAL (3)   |  | 980.00      |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
|   |                                 |  |              | TOTAL  |  | (\$) 980.00 |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| CORRESPONDENCE ADDRESS  |                                 |  |              | SIGNATURE BLOCK  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Direct all correspondence to:<br>Patent Administrator<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100   |                                 |  |              | Respectfully submitted,<br><br>Ronda P. Moore<br>Attorney for the Applicants<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110  |  |             |  |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |                                    |  |     |    |  |  |     |     |   |  |     |     |  |        |      |     |   |  |      |      |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |